

122000376149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

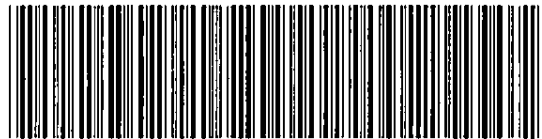
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416751982

10/04/23--01031--010 **25.00

2023 OCT -4 PM 2:58

FILED

Via

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Alexandra Johnson

hereby resigns as

Name of Registered Agent

Registered Agent for VOODOO QUEENS LLC

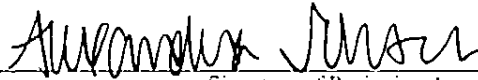
Name of Limited Liability Company

L22000376149

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOODOO QUEENS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000376149

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolina Hurtado
Name of Person

Name of Firm/Company

234 Ethan Hammock Ct
Address

Oviedo, FL 32765
City/State and Zip Code

churtado2089@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Hurtado at (225) 495-5002
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303